

Office of Public Instruction Denise Juneau,

## **CERTIFICATION FOR INDIRECT COST RATE**

For FY 2016-2017

PO Box 202501 Helena, MT 59620-2501		Due April 30, 2016						
SS#	School System (SS) Name	County #	County	LE's Included EL				
0549	Ryegate K-12 Schools	19	Golden Valley	HS K12 0407 Ryegate	K-12 Schools			
Propos	sed Restricted Indirect Cost Rate		(Round to nearest hundredth (X.XX%) of a percent.)					
INSTRUCTIONS: Complete and submit with one copy of each application for Indirect Cost Rate. A single application by School System (SS) should be submitted for the elementary and high school district. A copy of this certification will be returned upon approval of your rate.								
This is to certify that I have reviewed the indirect cost rate proposal submitted herewith and to the best of my knowledge and belief:								
(1) All costs included in this proposal to establish the final indirect cost rate for the periods indicated above are allowable in accordance with the requirements of the Federal award(s) to which they apply and OMB Circular A-87, "Cost Principles for State and Local Governments." Unallowable costs have been adjusted in allocating costs as indicated in the attached Predetermined Indirect Cost Allocation - Schedule A.								
(2) All costs included in the proposal are properly allocable to Federal awards on the basis of a beneficial or casual relationship between the expenses incurred and the agreements to which they are allocated in accordance with applicable requirements. Further, the same costs that have been treated as indirect costs have not been claimed as direct costs. In addition, similar types of costs have been accounted for consistently and the Office of Public Instruction will be notified of any accounting changes that would affect the predetermined rate.								
	that the foregoing is true and cor		100					
Chairpe	re of District Superintendent or rson	Board		Street Address or P.O. Box				
Printed	Name of Authorized Official		City	Box 129	Zip Code			
			Rye	gate	59074			
Title			Date	Date				
Send completed form to: School Accounting and Budgeting Office of Public Instruction PO Box 202501 Helena, MT 59620-2501								
ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:								
Approved Rate for FY2017			Date	e Approved				
			Sign	Signature				



Office of Public Instruction Denise Juneau,

## **CERTIFICATION FOR INDIRECT COST RATE**

For FY 2016-2017

PO Box 202501 Helena, MT 59620-2501		Due April 30, 2016						
SS#	School System (SS) Name	County #	County	LE's Included EL				
0552	Lavina K-12 Schools	19	Golden Valley	HS K12 0411 Lavina K	7-12 Schools			
Propos	sed Restricted Indirect Cost Rate	<u> </u>		•				
Proposed Restricted Indirect Cost Rate% (Round to nearest hundredth (X.XX%) of a percent.)  INSTRUCTIONS: Complete and submit with one copy of each application for Indirect Cost Rate. A single application by School System (SS) should be submitted for the elementary and high school district. A copy of this certification will be returned upon approval of your rate.								
This is to certify that I have reviewed the indirect cost rate proposal submitted herewith and to the best of my knowledge and belief:								
(1) All costs included in this proposal to establish the final indirect cost rate for the periods indicated above are allowable in accordance with the requirements of the Federal award(s) to which they apply and OMB Circular A-87, "Cost Principles for State and Local Governments." Unallowable costs have been adjusted in allocating costs as indicated in the attached Predetermined Indirect Cost Allocation - Schedule A.								
(2) All costs included in the proposal are properly allocable to Federal awards on the basis of a beneficial or casual relationship between the expenses incurred and the agreements to which they are allocated in accordance with applicable requirements. Further, the same costs that have been treated as indirect costs have not been claimed as direct costs. In addition, similar types of costs have been accounted for consistently and the Office of Public Instruction will be notified of any accounting changes that would affect the predetermined rate.								
	that the foregoing is true and correct that the foregoing is true and correct for the that the theta the that the that the that the the that the theta the the the that the the that the the the the the the the the the th							
Chairpe	<u>•</u>	Doard						
Printed	Name of Authorized Official		City	Box 290	Zip Code			
			Lavi	ina	59046			
Title			Date	Date				
Send completed form to: School Accounting and Budgeting Office of Public Instruction PO Box 202501 Helena, MT 59620-2501								
ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:								
Approved Rate for FY2017			Date	e Approved				
			Sigr	Signature				